

FILED* US Bankruptcy Court-UT
MAR 20 2023 PM 1:32

Fill in this information to identify the case:

Debtor 1 Matthew Sharkey
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Utah

Case number: 20-21167

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$9,201.54

Claimant's Name: SOLUTIONS ADVISORY SERVICES, LLC

Claimant's Current Mailing Address, Telephone Number, and Email Address: 9160 Forum Corporate Pkwy Ste 350, Fort Myers, FL 33905
michael@solutionsadvisoryservices.com
786-475-8884

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

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4. Notice to United States Attorney

Document Page 2 of 4

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042 at attached a Certificate of Service to this application.

Office of the United States Attorney
for the District of Utah
111 South Main Street, Suite 1800
Salt Lake City, Utah 84111

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 3/9/2023

Michael C

Signature of Applicant

Michael A Conticelli, SOLUTIONS ADVISORY SERVICES, LLC

Printed Name of Applicant

Address: 9160 Forum Corporate Pkwy #350,
Fort Myers, FL 33905

Telephone: 786-475-8884

Email: michael@solutionsadvisoryservices.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Florida

COUNTY OF Dade

This Application for Unclaimed Funds, dated 3/9/2023 was subscribed and sworn to before me this 9 day of March, 2023 by _____

Michael Conticelli

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)



Notary Public

Pamela J. Glover

Notary Public

State of Florida

Comm# HH301990

Expires 8/17/2026

My commission expires:

8/17/2026

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires:

Fill in this Information to identify the

Debtor 1 Matthew Sharkey
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Utah

Case number: 20-21167

NOTICE OF OBJECTION DEADLINE

PLEASE TAKE NOTICE that the attached Application to Pay Unclaimed Funds has been filed with the United States Bankruptcy Court for the District of Utah.

Right to Object. Any party in interest who objects to the Application for Payment of Unclaimed Funds being sought in this Application must, within twenty-one (21) days of the mailing of this Application, file an objection or other appropriate response to this Application with the:

United States Bankruptcy Court
District of Utah
Room 301
350 South Main Street
Salt Lake City, UT 84101

CERTIFICATE OF SERVICE BY MAIL OR OTHER MEANS

I hereby certify that on March 14th 2023 (date), I caused to be served a true and correct copy of the foregoing Application for Payment of Unclaimed Funds and all attachments as follows:

Office of the United States Attorney
District of Utah
111 South Main Street, Suite 1800
Salt Lake City, UT 84111

☒ **By Mail: First-class U.S. mail, postage pre-paid**
☐ **By Hand Delivery**
☐ **By Other Means (Describe):**

March 14, 2023

U.S Bankruptcy Court
District Of Utah
350 South Main Street, Room #301
Salt Lake City, UT. 84101

RE:

Matthew Sharkey Ch 13 Case - 20-21167
Application for unclaimed funds
Unclaimed funds - \$ \$9,201.54

My name is Michael Conticelli I am the owner of Solutions Advisory Services LLC located in the state of Florida. I am the successor claimant for the above - mentioned matter. I am enclosing to you the following documents.

- * Application for payment of unclaimed funds
- * Statement of Authority
- * Assignment & Limited Power of Attorney
- * Affidavit of Authenticating a Photo ID
- * Proposed Order

I am kindly asking you to review this application for processing and please let me know if any additional documents are needed.

Regards,

Michael Conticelli
Solutions Advisory Services, LLC
michael@solutionadvisoryservices.com